

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/559942
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	6					
3	8					
4	8					
5	8					
6						
7	1					
8	1					
9	1					
10	1					
11	1					
12	1					
13	1					
14	1					
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49						
50						
TOTAL IND.	4					
TOTAL DEP.	14	←	←	←	←	←
TOTAL CLAIMS	18	████████	████████	████████	████████	████████

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS		████████	████████	████████	████████	████████